

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/563536

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		6		1			54						
5		10		1			55						
6		10		1			56						
7		10		1			57						
8		10		1			58						
9		10		1			59						
10		10		1			60						
11		10		1			61						
12		10		1			62						
13		10		1			63						
14		10		1			64						
15		10		1			65						
16		10		1			66						
17		10		1			67						
18		10		1			68						
19		10		1			69						
20		10		1			70						
21		10		1			71						
22		10		1			72						
23		10		1			73						
24		10		1			74						
25		10		1			75						
26		10		1			76						
27		10		1			77						
28		10		1			78						
29		10		1			79						
30		10		1			80						
31			1				81						
32			1				82						
33			1				83						
34			1				84						
35			1				85						
36			1				86						
37			1				87						
38			1				88						
39			1				89						
40			1				90						
41			1				91						
42			1				92						
43			1				93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↓	5	↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←	30	←		←		TOTAL DEP.	←		←		←	
TOTAL CLAIMS		35					TOTAL CLAIMS						

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